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**From : Winston Hsu, Registration No. 41,526**

**Serial No.: 10/605,096**

**Attorney Docket No.: MSCP0004USA**

**Subject: Response to the Office Action mailed on 02/07/2005**

**Total Pages: 13 pages (including cover page)**

**Winston Hsu 05/05/2005**

**MSCP0004USA0\_A2\_1**

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Response to the Office Action	9 PAGES

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PTO/SB/21 (09-04)

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FORM

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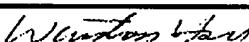
Application Number	10/605,096
Filing Date	09/09/2003
First Named Inventor	Hsiao-Li Peng
Art Unit	2841
Examiner Name	BUI, HUNG S
Attorney Docket Number	MSCP0004USA

MSCP0004USA

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	05/05/2005	Reg. No.	41,526

## CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
0.00

**Complete if Known**

Application Number	10/605,096
Filing Date	09/09/2003
First Named Inventor	Hsiao-Li Peng
Examiner Name	BUI, HUNG S
Art Unit	2841
Attorney Docket No.	MSCP0004USA

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.

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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

**Total Claims**

**Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

**HP** = highest number of total claims paid for, if greater than 20

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)** \_\_\_\_\_

**Fee (\$)** **Fee Paid (\$)** \_\_\_\_\_

**HP** = highest number of independent claims paid for, if greater than 3

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

**Fee (\$)** **Fee Paid (\$)**

**- 100 =** **/ 50 =** **(round up to a whole number) x** **=** **Fee Paid (\$)**

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature	Winston Hsu	Registration No. 41,526 (Attorney/Agent)	Telephone 302-729-1562
Name (Print/Type)	Winston Hsu	Date 05/05/2005	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## COMPLEX PERIPHERAL MODULE

Appl. No. : 10/605,096 Confirmation No. 2095  
Applicant(s) : Hsiao-Li Peng,  
                  Ying-Hua Huang  
Filed : September 9, 2003  
TC/A.U. : 2841  
Examiner : Hung S. Bui  
Docket No. : MSCP0004USA0  
Customer No. : 27765

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

## INTRODUCTORY COMMENTS

5 In response to the Office action of February 07, 2005, please  
amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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